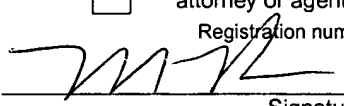


PTO/SB/22 (06-04)

Approved for use through 7/31/2006. OMB 0651-0031

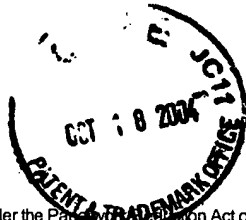
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|---|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) HYDR-P01-002 | |
| Application Number 09/554996 | | Filed May 24, 2000 | |
| For ELASTIN-BASED COMPOSITIONS | | | |
| Art Unit 1632 | | Examiner S. L. Chen | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 54,408 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | | | |
|  | | October 15, 2004 | |
| Signature | | Date | |
| Melissa S. Rones, Ph.D. | | (617) 951-7653 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | |
| <input checked="" type="checkbox"/> | Total of 1 forms are submitted. | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/15/04 Signature:  (Ginny Blundell)



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| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small> | | Complete if Known | | |
|---|--|--------------------------------------|-----------------|------------|
| | | Application Number | 09/554996 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | May 24, 2000 | |
| | | First Named Inventor | Mark T. Keating | |
| TOTAL AMOUNT OF PAYMENT (\$) | | 215.00 | Examiner Name | S. L. Chen |
| | | Attorney Docket No. | HYDR-P01-002 | |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP | | Large Entity Small Entity | | |
| The Director is authorized to: (check all that apply) | | Fee Code Fee (\$) | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | Fee Code Fee (\$) | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | Fee Description | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Paid | | |
| 1. BASIC FILING FEE | | Large Entity Small Entity | | |
| Fee Code Fee (\$) | | Fee Code Fee (\$) | | |
| Fee Description | | Fee Paid | | |
| 1001 770 2001 385 Utility filing fee | | | | |
| 1002 340 2002 170 Design filing fee | | | | |
| 1003 530 2003 265 Plant filing fee | | | | |
| 1004 770 2004 385 Reissue filing fee | | | | |
| 1005 160 2005 80 Provisional filing fee | | | | |
| SUBTOTAL (1) (\$) | | 0.00 | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | Large Entity Small Entity | | |
| Total Claims -20** = | | Extra Claims Fee from below Fee Paid | | |
| Independent Claims -3** = | | | | |
| Multiple Dependent | | | | |
| Large Entity Small Entity | | Fee Code Fee (\$) | | |
| Fee Description | | Fee Paid | | |
| 1202 18 2202 9 Claims in excess of 20 | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | | |
| SUBTOTAL (2) (\$) | | 0.00 | | |
| **or number previously paid, if greater; For Reissues, see above | | Other fee (specify) | | |
| | | *Reduced by Basic Filing Fee Paid | | |
| | | SUBTOTAL (3) (\$) | | |
| | | 215.00 | | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|-------------------------|-----------------------------------|------------------|
| Name (Print/Type) | Melissa S. Rones, Ph.D. | Registration No. (Attorney/Agent) | 54,408 |
| Signature | | Telephone | (617) 951-7653 |
| | | Date | October 15, 2004 |

| | |
|---|------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: 10/15/04 | Signature: (Ginny Blundell) |